it provides assistance to AYUSH institutions for upgradation. A panel of experts approved by the Department has been sent to CCIM for ensuring that the visitation/inspection of colleges and new applicants are carried out by experts from the panel so that no new substandard colleges are opened. Further, the existing colleges which were opened before the amendment of the Act in 2003 are also required under the Act to fulfill the minimum infrastructural requirement and teaching facilities by 7th November, 2006.

Eradication of TB

1286. SHRI S.M. LALJAN BASHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have taken all steps to eradicate TB in the country;

(b) the details of such plans and programmes of Government to eradicate TB;

(c) whether it is a fact that a very virulent from of TB has again surfaced in the country, carrying great immunities, etc.; and

(d) if so, the steps proposed to tackle the problem of TB in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) and (b) Due to epidemiological situation pertaining to TB disease, it is not feasible to target for its eradication, presently. However, to control TB, the Revised National TB Control Programme (RNTCP) widely known as DOTS, which is a WHO recommended strategy, is being implemented in the country since year 1997, with an objective to achieve cure rate of 85% of new sputum positive cases and to detect at the least 70% of such cases. Under the programme, drugs are provided free of cost in patient-wise boxes. By January 2006, 1083 million (97%) of the population in 620 districts/reporting units is getting benefited by DOTS strategy. Only 14 districts are yet to implement RNTCP. These are in the final stages of preparation and the entire country will be covered under RNTCP during the financial year 2005-06. The Project districts have reported treatment success rate more than 85% which means that more than 8 out of every 10 patients put on treatment under the revised strategy are being successfully treated as against below 4 in the earlier programme. To make the programme more

accessible to larger segments of the population, and to supplement the Government efforts in this direction, emphasis is being given to also involve medical colleges, all general hospitals, private practitioners and NGOs in the programme.

(c) No, Sir.

(d) Does not arise.

Per-capita spending on medical treatment

1287. SHRI C. RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the amount spent/being spent per capita by the Central Government on medical treatment;

(b) whether this amount is far less in comparison to other countries of the world such as Japan, America, England, France and China;

(c) if so, the comparative details thereof;

(d) whether Government are considering to increase the amount; and

(e) if so, by when a final decision in this regard is likely to be taken?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) The per capita expenditure on health by the Union Government for the year 2004-05 is Rs. 137.

(b) and (c) comparative figures of per capita health expenditure across countries for the year 2002 are given below:

Country	Total per capita health expenditure (PPP-USD)
India	96
Japan	2133
America	5274
England	2160
France	2736
China	261

Source: UNDP Human Development Report, 2005